



- DOWNTOWN** – 1331 Lady Street, Columbia, SC 29201
- IRMO** – 7182 Woodrow St. Suite 101, Irmo, SC 29063
- NORTHEAST** – 710 Rabon Road, Suite 100, Columbia, SC 29203
- WEST COLUMBIA** – 2997 Sunset Blvd. West Columbia, SC 29169

Phone: 803.256.7646 Fax 803.936.9202

Patient's name: \_\_\_\_\_ DOB: \_\_\_\_\_

Mobile #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Does patient have implanted device?  Yes  No Make: \_\_\_\_\_ Model: \_\_\_\_\_

Appointment date: \_\_\_\_\_ Arrival time: \_\_\_\_\_ am / pm Appointment Time: \_\_\_\_\_ am / pm

**Do not fax STAT orders**

- Call patient to schedule
- Obtain authorization  
Fax order, front/back of insurance card and any clinical information
- Revised order

MRI	CT	ULTRASOUND - GENERAL	X-RAY
<p><b>CONTRAST</b></p> <input type="radio"/> Radiologist Discretion <input type="radio"/> Without <input type="radio"/> With & W/O	<p><b>CONTRAST</b></p> <input type="radio"/> Radiologist Discretion <input type="radio"/> With <input type="radio"/> Without	<input type="radio"/> Thyroid <input type="radio"/> Abdomen <input type="radio"/> Right Upper Quadrant (Liver, Gallbladder, Rt Kidney, Pancreas) <input type="radio"/> Left Upper Quadrant (Spleen, Lt Kidney) <input type="radio"/> Aorta <input type="checkbox"/> Medicare Screening <input type="radio"/> Pelvic Uterus/Ovaries (Check one below) <input type="checkbox"/> w/Transvaginal if indicated <input type="checkbox"/> Transvaginal only <input type="checkbox"/> Transabdominal only <input type="radio"/> OB LMP_____/ EDD _____ (Check one below) <input type="checkbox"/> Less than 14 weeks w/ Transvaginal if indicated <input type="checkbox"/> More than 14 weeks <input type="radio"/> OB Limited LMP_____/ EDD _____ <input type="radio"/> Renal <input type="radio"/> Scrotum	<p><b>* Please have patient call to schedule X-ray appointment</b></p> <input type="radio"/> Specify:
<input type="radio"/> Brain <input type="checkbox"/> IAC <input type="checkbox"/> Pituitary <input type="radio"/> Orbits <input type="radio"/> Soft Tissue Neck <input type="radio"/> Cervical Spine <input type="radio"/> Thoracic Spine <input type="radio"/> Lumbar Spine <input type="checkbox"/> Dynawell (Downtown only) <input type="radio"/> Breast <input type="radio"/> Shoulder Rt Lt <input type="radio"/> Elbow Rt Lt <input type="radio"/> Wrist Rt Lt <input type="radio"/> Hand/Fingers Rt Lt <input type="radio"/> Hip Rt Lt <input type="radio"/> Knee Rt Lt <input type="radio"/> Ankle/Hindfoot Rt Lt <input type="radio"/> Foot/Forefoot Rt Lt <input type="radio"/> Abdomen <input type="radio"/> MRCP <input type="radio"/> Pelvis <input type="radio"/> Prostate <input type="checkbox"/> Fusion Protocol <input type="radio"/> Enterography <input type="radio"/> MRA of: _____ <input type="radio"/> MR Arthrogram Rt Lt  <input type="radio"/> Other: _____	<input type="radio"/> Head <input type="radio"/> Orbits <input type="radio"/> Paranasal Sinus <input type="checkbox"/> Stealth/Brain Lab <input type="checkbox"/> Fusion <input type="radio"/> Temporal Bones/ IAC <input type="radio"/> Facial Bones <input type="radio"/> Soft Tissue Neck <input type="radio"/> Cervical Spine <input type="radio"/> Thoracic Spine <input type="radio"/> Lumbar Spine <input type="radio"/> Extremity Rt Lt  <input type="radio"/> Chest <input type="checkbox"/> High Resolution <input type="checkbox"/> Super Dimension <input type="radio"/> Cardiac Score <input type="radio"/> Abdomen & Pelvis <input type="checkbox"/> CT Urogram <input type="checkbox"/> Stone Protocol <input type="radio"/> Abdomen (only) <input type="radio"/> Pelvis (only) <input type="radio"/> CTA of: (all w & w/o) _____ <input type="radio"/> CT Arthrogram Rt Lt  <input type="radio"/> Other: _____	<p style="text-align: center;"><b>ULTRASOUND - VASCULAR</b></p> <input type="radio"/> Carotid Doppler <input type="radio"/> Upper Venous Doppler (arm) <input type="checkbox"/> Rt <input type="checkbox"/> Lt <input type="checkbox"/> Bilat <input type="radio"/> Lower Venous Doppler (leg) <input type="checkbox"/> Rt <input type="checkbox"/> Lt <input type="checkbox"/> Bilat <input type="radio"/> Upper Arterial Doppler (arm) <input type="checkbox"/> Rt <input type="checkbox"/> Lt <input type="checkbox"/> Bilat <input type="radio"/> Lower Arterial Doppler (leg) <input type="checkbox"/> Rt <input type="checkbox"/> Lt <input type="checkbox"/> Bilat <input type="checkbox"/> with ABI <input type="checkbox"/> without ABI <input type="radio"/> ABI Only	<p style="text-align: center;"><b>WOMEN'S IMAGING</b></p> <input type="radio"/> Screening Mammogram <input type="radio"/> DEXA
			<p style="text-align: center;"><b>SPINE PAIN MANAGEMENT</b></p> <input type="radio"/> Epidural Steroid Injection <input type="checkbox"/> Cervical <input type="checkbox"/> Thoracic <input type="checkbox"/> Lumbar <input type="radio"/> Specific Level _____ R / L <input type="checkbox"/> Facet Steroid Injection <input type="checkbox"/> Selective Nerve Root Block <input type="checkbox"/> Sacroiliac Joint Steroid Injection
			<p style="text-align: center;"><b>REPORT DELIVERY</b></p> <p><b>*Please call to schedule all STATs</b></p> <input type="radio"/> STAT Fax - report in 2 hours Fax _____ <input type="radio"/> Call Report Radiologist will call referring doctor Backline/Cell _____
	<b>ADVANCED IMAGING</b>		<p style="text-align: center;"><b>Standard report in 24-48 hours</b></p> <p style="text-align: center;"><b>COMPARISON STUDIES</b></p> <input type="radio"/> Location:
	<input type="radio"/> 3D Reconstruction		

Insurance (Fax front and back of patient's card and any clinical information to 803.936.9202) Auth # (if referring obtaining): \_\_\_\_\_

Clinical Indications/Signs/Symptoms (required): \_\_\_\_\_

ICD-10 Code(s): \_\_\_\_\_ Office phone: \_\_\_\_\_

Provider name (printed): \_\_\_\_\_ Provider signature: \_\_\_\_\_ Date: \_\_\_\_\_

# PATIENT INSTRUCTIONS: PREPARING FOR YOUR EXAM

## BRING THIS ORDER WITH YOU TO YOUR SCHEDULED EXAM

### MRI (Magnetic Resonance Imaging)

Our office will contact you 24 hours before your appointment to confirm your appointment and provide prep instructions.

**Do not wear eye makeup or mascara for ANY Brain & Neck studies. Do not wear any jewelry or hairpins. Wear comfortable clothing.**

#### Let us know if you have:

- Metallic fragments in your eyes or previous injury to the eye involving a metal object
- Any type of glucose monitoring device
- Any type of implanted mechanical pump
- Any type of surgery within the past 8 weeks
- A history of cancer
- A pacemaker/ defibrillator/ stimulator
- An aneurysm clip
- Any metallic/ electronic implant

#### Let us know if you are:

- Allergic to CT or MRI contrast
- Claustrophobic
  - If you are claustrophobic or anxious, we encourage you to discuss mild sedation options with your referring provider prior to your exam
- Pregnant/Nursing
- In need of special assistance

### CT (Computed Tomography)

Our office will contact you 24 hours before your appointment to confirm your appointment and provide prep instructions.

#### Oral prep

- You may be given Readi-Cat, a Barium Sulfate suspension, to drink for your CT Scan.
- This is not a laxative. Its purpose is to enhance your digestive tract so that the radiologist can better visualize your anatomy during your CT Scan.
- If eating prior to exam, please eat only a light meal or snack.
- If you have ever had any reaction to X-ray dye, please call us at 803.256.7646 **prior** to your exam.

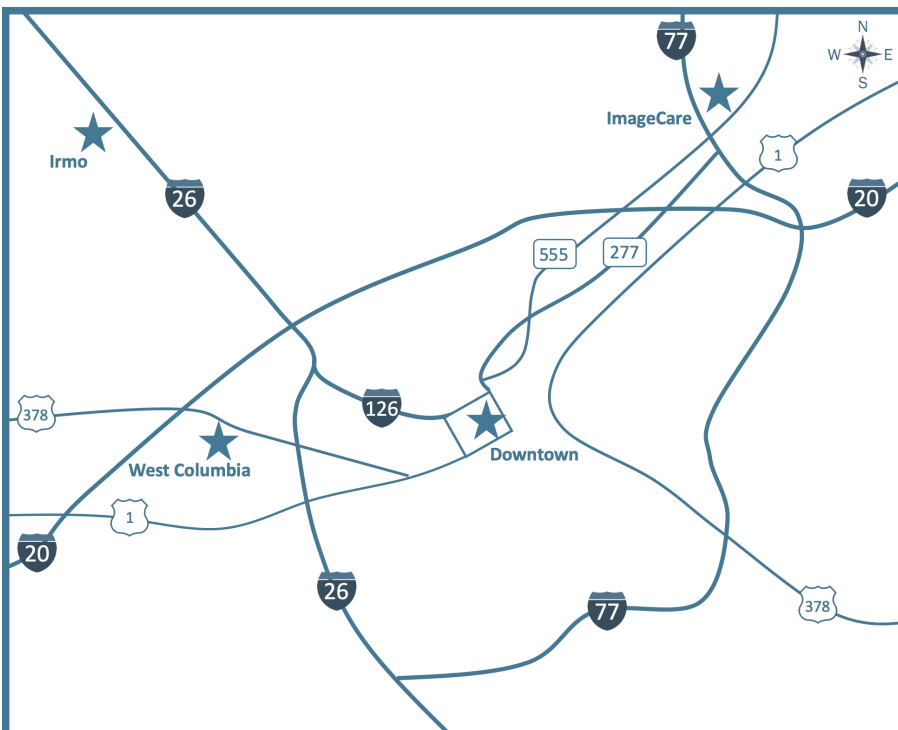
### Ultrasound

Our office will contact you 24 hours before your appointment to confirm your appointment and provide prep instructions.



### Palmetto Imaging

Downtown | Irmo | West Columbia | ImageCare  
[www.SCDiag.com](http://www.SCDiag.com)



#### Palmetto Imaging - Downtown

Tax ID# 57-1013875 OCM# SC002  
**1331 Lady Street**  
Columbia, SC 29201

#### Palmetto Imaging at ImageCare - Northeast

Tax ID# 57-1017301 OCM# SC656  
**710 Rabon Road, Suite 100**  
Columbia, SC 29203

#### Palmetto Imaging - Irmo

Tax ID# 57-1060462 OCM# SC671  
**7182 Woodrow Street, Suite 101**  
Irmo, SC 29063

#### Palmetto Imaging - West Columbia

Tax ID# 57-1060462 OCM# SC047  
**2997 Sunset Blvd.**  
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